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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

2560.001

First Named Inventor

Shawn Winer

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PREVENTION OF PRIMARY SJOGREN'S SYNDROME BY ICA69 DEFICIENCY

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 21917		OR <input type="checkbox"/> Correspondence address below	
Name McHale & Slavin, P.A.			
Address 2855 PGA Boulevard			
City Palm Beach Gardens		State Florida	ZIP 33410-2910
Country United States of America	Telephone 561-625-6575	Fax 561-625-6572	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Shawn		Family Name or Surname Winer	
Inventor's Signature			Date
Residence: City Toronto	State Ontario	Country Canada	Citizenship Canadian
Mailing Address 555 University Avenue			
City Toronto	State Ontario	ZIP M5G 1X8	Country Canada
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Igor		Family Name or Surname Astsaturov	
Inventor's Signature			Date
Residence: City Toronto	State Ontario	Country Canada	Citizenship Canadian
Mailing Address 555 University Avenue			
City Toronto	State Ontario	ZIP M5G 1X8	Country Canada
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Roy				Cheung			
Inventor's Signature						Date	
Residence: City		Toronto		Ontario State		Canada Country	
Mailing Address							
555 University Avenue							
Mailing Address							
City		Toronto		Ontario State		M5G 1X8 Zip	
Canada Country		Canadian Citizenship					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Hubert				Tsui			
Inventor's Signature				Date			
Residence: City		Toronto		Ontario State		Canada Country	
Mailing Address							
555 University Avenue							
Mailing Address							
City		Toronto		Ontario State		M5G 1X8 Zip	
Canada Country		Canadian Citizenship					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Aihua				Song			
Inventor's Signature				Date			
Residence: City		Toronto		Ontario State		Canada Country	
Mailing Address							
555 University Avenue							
Mailing Address							
City		Toronto		Ontario State		M5G 1X8 Zip	
Canada Country		Canadian Citizenship					

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Roger		Gaedigk	
Inventor's Signature		Date	
Residence: City Toronto	Ontario State	Canada Country	Canadian Citizenship
Mailing Address 555 University Avenue			
Mailing Address			
City Toronto	Ontario State	M5G 1X8 Zip	Canada Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Daniel		Winer	
Inventor's Signature		Date	
Residence: City Toronto	Ontario State	Canada Country	Canadian Citizenship
Mailing Address 555 University Avenue			
Mailing Address			
City Toronto	Ontario State	M5G 1X8 Zip	Canada Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Anastasia		Sampson	
Inventor's Signature		Date	
Residence: City Toronto	Ontario State	Canada Country	Canadian Citizenship
Mailing Address 555 University Avenue			
Mailing Address			
City Toronto	Ontario State	M5G 1X8 Zip	Canada Country

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Colin		McKerlie	
Inventor's Signature		Date	
Residence: City	Toronto	Ontario State	Canada Country
555 University Avenue			
Mailing Address			
Mailing Address			
City	Toronto	Ontario State	M5G 1X8 Zip
Canada Country		Canadian Citizenship	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Arthur		Bookman	
Inventor's Signature		Date	
Residence: City	Toronto	Ontario State	Canada Country
555 University Avenue			
Mailing Address			
Mailing Address			
City	Toronto	Ontario State	M5G 1X8 Zip
Canada Country		Canadian Citizenship	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Hans=Michael		Dosch	
Inventor's Signature		Date	
Residence: City	Toronto	Ontario State	Canada Country
555 University Avenue			
Mailing Address			
Mailing Address			
City	Toronto	Ontario State	M5G 1X8 Zip
Canada Country		Canadian Citizenship	

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